

# CITY OF WOODSTOCK

## Development Services

12453 Hwy 92 \* Woodstock, Georgia 30188

(770) 592-6054

businesslicense@woodstockga.gov

### DISTILLED SPIRITS \$5000/yr

Plus 3% /monthly excise tax

- ☐ Restaurant
- ☐ Bar/Lounge
- ☐ Private Club
- ☐ Package Store
- ☐ Live Entertainment
- ☐ Manufacturing

### MALT BEVERAGE \$1000/yr

- ☐ Restaurant
- ☐ Bar/Lounge
- ☐ Private Club
- ☐ Package Store
- ☐ Live Entertainment
- ☐ Convenience Store
- ☐ Grocery/Super Store
- ☐ Manufacturing

### WINE \$1000/yr

- ☐ Restaurant
- ☐ Bar/Lounge
- ☐ Private Club
- ☐ Package Store
- ☐ Live Entertainment
- ☐ Convenience Store
- ☐ Grocery/Super Store
- ☐ Manufacturing

- ☐ New Application, Ad Fee
- ☐ Transfer of Ownership
- ☐ Sunday Sales (Consumption)

\$700  
\$500  
\$500

- ☐ Revision \$100  
(Change of registered agent)
- ☐ Ancillary Tasting \$100

### BUSINESS INFORMATION

*If Business Owner is Different from Applicant – Fingerprint and Consent Form required for each*

- ☐ Sole Proprietorship    ☐ Partnership    ☐ Corporation    ☐ LLC

Full Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

Location Phone Number: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FEDERAL TAX ID#: \_\_\_\_\_ GA SALES & USE TAX #: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If Transfer of Ownership, What is the Effective Date: \_\_\_\_\_

(ATTACH A COPY OF SALES AGREEMENT)

Previous Owner's Name: \_\_\_\_\_

### ----- PROPERTY INFORMATION

- ☐ Renting/Leasing    ☐ Owner    **If renting or leasing – attach copy of agreement.**

Name of Current Property Owner: \_\_\_\_\_  
(Owner/applicant provide a copy of the lease agreement)

Tax Map/Parcel Number: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Previous Owner/Occupant: \_\_\_\_\_

If On-Premise Consumption – give dining/service area square footage: \_\_\_\_\_

**APPLICANT INFORMATION**  
*Fingerprinting and Consent Form Required*

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Applicant's Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Applicant's Current Position with Business: \_\_\_\_\_

Percent of Ownership or Interest in this Business: \_\_\_\_\_% Number of Years with this Business: \_\_\_\_\_

Occupation for Last Five Years: \_\_\_\_\_

Does the applicant own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Street Address: \_\_\_\_\_

Are you married? ☐ Yes ☐ No If yes, please answer the following:

Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Does Spouse Have 10% or More Interest in this Business? ☐ Yes ☐ No

Have you or your spouse ever been convicted of a felony within ten (10) years and/or misdemeanor within five (5) years immediately prior to filing this application relating to any Alcohol Beverage Business or any state law, county or municipal ordinance violation relating to any Alcohol Beverage business? ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

Are you or your spouse related to any distributor or wholesaler of malt beverages or employees thereof, within the first degree of consanguinity or affinity as computed according to the civil law so that there might be special concessions granted the license to give him a competitive advantage over others not similarly privileged? ☐ Yes ☐ No

## OWNERSHIP INFORMATION

For corporations or LLC, complete the following:

Name of corporation: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For partnerships, corporations, or LLC, complete the following for any partners, officers, directors and/or stockholders. If anyone listed has 10% or more interest in the business, an Owner Information Form for each is required:

Name: \_\_\_\_\_ Percent of Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Percent of Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Percent of Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Percent of Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Percent of Interest: \_\_\_\_\_ %

Name: \_\_\_\_\_ Percent of Interest: \_\_\_\_\_ %

**ADDITIONAL OWNER INFORMATION**  
***Fingerprint and Consent Form Required (duplicate as needed for additional Partners)***

Partner #1 Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Percentage or Interest of Ownership: \_\_\_\_\_

Occupation for Last Five Years: \_\_\_\_\_

Has this person been convicted of a felony within ten (10) years and/or misdemeanor within five (5) years immediately prior to filing this application relating to any Alcohol Beverage Business or any state law, county or municipal ordinance violation relating to any Alcohol Beverage business? ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

Does this person own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Street Address: \_\_\_\_\_

## ACTIVE MANAGER'S INFORMATION

*Manager's Permit Issued by Woodstock Police Department, Fingerprint and Consent Form Required*

Active Manager Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Percent of Ownership or Interest in this Business: \_\_\_\_\_ % Number of Years with this Business \_\_\_\_\_

List Responsibilities as Manager: (Attach another sheet, if more room is needed). \_\_\_\_\_

\_\_\_\_\_

Occupation for Last Five Years: \_\_\_\_\_

\_\_\_\_\_

Does the manager own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: \_\_\_\_\_ Parcel#: \_\_\_\_\_ Street Address \_\_\_\_\_

Have you ever been convicted of a felony within ten (10) years and/or misdemeanor within five (5) years immediately prior to filing this application relating to any Alcohol Beverage Business or any state law, county or municipal ordinance violation relating to any Alcohol Beverage business? ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

\_\_\_\_\_

Are you married: ☐ Yes ☐ No If yes, please answer the following:

Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Does Spouse have 10% or more interest in this business? ☐ Yes ☐ No

**ALCOHOL LICENSE REGISTERED AGENT INFORMATION**

***Require-*** Fingerprint and Consent Form Required

Registered Agent/Officer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Current Position: \_\_\_\_\_ # of Years w/business: \_\_\_\_\_

Does the agent own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes: Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Street Address: \_\_\_\_\_

Has the agent/officer been convicted of a felony within ten (10) years and/or misdemeanor within five (5) years immediately prior to filing this application relating to any Alcohol Beverage Business or any state law, county or municipal ordinance violation relating to any Alcohol Beverage business? ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

Date the Officer registered with the Secretary of State: \_\_\_\_\_

ATTACH A LIST OF:

- ☐ Corporation Officers and Directors, their social security numbers, addresses, and the office held by each.
- ☐ Stockholders with at least 10% financial interest, their addresses, and the amount of interest of each stockholder in the corporation. (FINGERPRINT/BACKGROUND CHECK IS REQUIRED).
- ☐ The names and addresses of any Corporation Officer, Director or Stockholder who owns property within the corporate boundaries of the City of Woodstock along with street address of property and tax map and parcel number(s).

GENERAL INFORMATION

1. Does the applicant, spouse of applicant, partner, registered agent/officer or stockholder hold any alcohol beverage license in any other jurisdiction? ☐ Yes ☐ No (Section 6-82)

If yes, please give person's name, business name, and jurisdiction:

2. Does the applicant, or any member of the family of the applicant, own, lease or sub-lease any real estate which is occupied by a retail alcohol beverage establishment? ☐ Yes ☐ No

If yes, please answer the following:

Name of owner: \_\_\_\_\_

Relationship to business: \_\_\_\_\_

Name of Renter/Lessee: \_\_\_\_\_

Location: \_\_\_\_\_

Amount of Rent: \_\_\_\_\_

3. Does the applicant or any member of the applicant's family, the executor, administrator, beneficiary, heir or trustee of any estate or trust fund have any interest in a retail alcohol beverage establishment?  
☐ Yes ☐ No

If yes, please answer the following:

Capacity with Estate: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Location: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ Amount of Income: \$ \_\_\_\_\_

RESTAURANT

ON-PREMISE CONSUMPTION VERIFICATION

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street Address

Total Yearly Sales: \$\_\_\_\_\_ Actual (or)  
\_\_\_\_\_ Estimated

Total Alcohol Sales: \$\_\_\_\_\_

Food Sales: \_\_\_\_\_ %  
(50% of gross annual income will be derived from the sale of food to qualify for On-Premise Consumption)

\_\_\_\_\_  
Signature of Auditor/Accountant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_,

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**My Commission Expires**



## ADDITIONAL INFORMATION

### Application Process:

- ☐ Applicant shall complete entire application by answering all questions, having signed all necessary forms, submitting all fingerprint cards necessary and having all signatures notarized where applicable and submitting **all applicable fees by certified check, or money order**
- ☐ Applicant must obtain a survey plat for the affected location which shows detail dimensions of the site, distance to schools, churches, day care centers, hospitals, nursing homes and residential multi-family and single family areas.
- ☐ Applicant shall bear the cost of advertisement for two (2) consecutive weeks and shall post a sign on property of business as per Section 6-9. Reimbursements for these ads must be issued prior to the Council Meeting beginning. The advertisements shall be placed by City staff when the application is ready to be forwarded to City Council.
- ☐ Applicant/Agent must provide a letter of clearance from Clerk of Federal Court in Atlanta, 2211 US Courthouse, 75 Ted Turner Dr SW or call (404) 215-1635 as per Section 6-12 & 6-13d. This document may be obtained by mailing your request with a self addressed stamped envelope or in person. There is a fee of \$30.00.
- ☐ Applicant shall attach a partnership agreement or articles of incorporation.
- ☐ Applicant shall furnish plans and renderings of the proposed premises, and the applicant certifies that such plans and renderings are correct as per Section 6-8.
- ☐ **Fingerprinting - Everyone on the application must be fingerprinted at : Cherokee Sheriff's office at 498 Chattin Drive, Canton, GA., ALSO: On premise serving must obtain a Manager's Permit from the Woodstock Police Dept. Sec. 6-102: At least one manager shall be at the licensee's premises during all times that alcoholic beverages are being consumed.**
- ☐ Applicant/Agent must submit a copy of the Georgia Department of Revenue Sales & Use Tax ID certificate.
- ☐ Applicant/Agent/Manager must provide proof of legal authorization to work in the United States. O.C.G.A 50-36-01
- ☐ Applicant/Agent must supply written proof of residency for past three years, i.e., property tax bill, mortgage bill, utility bill, Georgia driver's license, etc. Sec.6-13 (a)

The Alcohol Ordinance for the City of Woodstock is available for review at [www.woodstockga.gov](http://www.woodstockga.gov). Please read carefully and follow the instructions accordingly. If you have any questions, please contact our Development Services Office at 770.592.6054.

Applicant Initials: \_\_\_\_\_

### ***Affidavit Verifying Status for a City Public Benefit Application***

By executing this affidavit under oath, as an applicant for the City of Woodstock, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for the City of Woodstock, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for

\_\_\_\_\_  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ **I am a United States citizen**

**OR**

2) \_\_\_\_\_ **I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\***

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A §16-10-20.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Notary Public

My Commission Expires:

\*

\_\_\_\_\_  
Alien Registration number for non-citizens

\*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_  
Fingerprint, ID and consent form required for each person on application.

Duplicate this page as needed.

**CITY OF WOODSTOCK**

12453 Highway 92  
Woodstock, Georgia 30188  
(770) 592-6005

**REQUEST FOR  
CRIMINAL HISTORY****CONSENT FORM**

*Please Duplicate As Needed*

**Purpose of Request: Type Information Requested:**

☐ Malt Beverages/Wine/Distilled Spirits License

I hereby authorize the City of Woodstock, Georgia to receive any criminal and/or driver history pertaining to me which may be in the files of any state, federal or local criminal justice agency. PLEASE TYPE/PRINT

\_\_\_\_\_  
Last Name First Name Middle Name Maiden

\_\_\_\_\_  
Street Address Apartment Number

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Sex Race Height Weight Eyes Hair

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number

\_\_\_\_\_  
Drivers License Number State Expiration Date

\_\_\_\_\_  
Signature Date

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# OFFICIAL OATH

I (We), hereby swear or affirm the information disclosed in this application is true and correct, and further provide, that I (We), as the Applicant, Registered Agent/Officer, and/or Owner of the business will abide by, observe and conduct this business according to the rules and regulations prescribed by the City of Woodstock, the acts of the General Assembly of the State of Georgia, known as the Georgia Alcoholic Beverage Code, as now or hereafter amended, and the rules and regulations of the Georgia State Department of Revenue in respect thereto.

\_\_\_\_\_  
Applicant Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires

\_\_\_\_\_  
Registered Officer Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires

\_\_\_\_\_  
Business Owner Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires

\_\_\_\_\_  
Business Owner Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires

**CITY OF WOODSTOCK**  
**ALCOHOLIC BEVERAGE LICENSE APPLICATION**  
(For office use only)

Business Name: \_\_\_\_\_

Street Location: \_\_\_\_\_

**OFFICE USE ONLY:** Date Received \_\_\_\_\_ Payment \$ \_\_\_\_\_

☐ Check # \_\_\_\_\_ ☐ Money Order # \_\_\_\_\_

Note: Office recommendation: Any office recommending denial shall attach written justification and any documents necessary to support the recommendation then forward to the next office for review.

\_\_\_\_\_  
Development Serv Rep Signature      \_\_\_\_\_  
Date      ☐ Requirements met      ☐ Recommend denial  
Comment \_\_\_\_\_

\_\_\_\_\_  
Community Development Signature      \_\_\_\_\_  
Date      ☐ Requirements met      ☐ Recommend denial  
Comment \_\_\_\_\_

\_\_\_\_\_  
Records Clerk Signature      \_\_\_\_\_  
Date      ☐ Requirements met      ☐ Recommend denial  
Comment \_\_\_\_\_

\_\_\_\_\_  
Police Signature      \_\_\_\_\_  
Date      ☐ Requirements met      ☐ Recommend denial  
Comment \_\_\_\_\_

☐ ADD FAXED TO CHEROKEE TRIBUNE, DATE: \_\_\_\_\_ TO RUN ON THE FOLLOWING  
DATES: \_\_\_\_\_

☐ COMPLETED SIGNS; NOTIFIED APPLICANT OF HEARING AND TO PLACE SIGNS AT LOCATION.

☐ VERIFIED PUBLIC NOTICE SIGNS ARE PROPERLY POSTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ COMPLETE AGENDA REQUEST AND FORWARD WITH APPLICATION TO LICENSE ADMINISTRATOR.

☐ CITY COUNCIL ACTION:      ☐ APPROVED      ☐ DENIED      DATE: \_\_\_\_\_